

RETYPE ON AGENCY LETTERHEAD

Hazardous Material Assessment

OFFICE NAME
OFFICE STREET ADDRESS
OFFICE CITY, STATE, ZIP

A Hazardous Material Assessment has been conducted for the (Office name), which consists of ORM location code (number).

Minimal amounts of consumer-grade cleaning supplies are stored in the (name the storage location, i.e. Janitor closets on each floor). Access is limited to the (enter authorized personnel, i.e. Building Manager, cleaning crew, etc.).

A Hazardous Material Sheet has been placed in each equipment room where the cleaning supplies are stored.

We believe the above listed workplace currently has no need for a Hazardous Materials Program.

Assessment performed by: _____
Printed Name & Title

Signature: _____

Date: _____

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